



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
692-5509

**WESTFORD BOARD OF HEALTH
APPLICATION FOR LICENSE TO SELL MILK AND CREAM**

All of the following questions must be completed in full and returned to this office before a license will be issued:

I hereby apply for a license to sell milk and cream within the limits of the Town of Westford during the year ending December 31, 2001.

1. Type of Business: (Underline which applies to your business)

PRODUCT-DEALER DEALER RETAIL STORE EATING ESTABLISHMENT

2. Name of Business: _____

Address of Business: _____ Tel. # _____

3. If you are doing business under any other name, indicate name and address:

4. Source of Milk: (Give complete details)

Raw milk from:

Milk pool: _____
(Name and Address)

Farms: _____
(Name and Address)
(Names and address, if more space needed, use back)

Another Dealer: _____
(Name and Address)

Type of Milk Sold: (Make an accurate estimation of the amount of each type sold daily in this town)

Pasteurized _____ Homogenized _____ Cream _____ Skimmed _____

Buttermilk _____ Raw _____

Signature: _____

Mailing Address: _____
(Owner, Manager, Etc.)

Date: _____